



JFW

In re: Application of:

Docket No. 01639.000014.

ANDERSON, MARK L. ET AL

Application No.: 10/726,299

Examiner: Susan B. McCormick-Ewoldt

Filed: December 1, 2003

Group Art Unit: 1654

For: INHIBITION OF P. ACNES USING
BOTANICAL EXTRACTS

Date: August 31, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response To Office Action in the above-identified application.

☒ No additional fee is required.

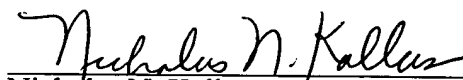
The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 4 | MINUS | ** 20 | = 0 | x \$25 \$50 | 0.00 |
| INDEP. CLAIMS | * 2 | MINUS | *** 3 | = 0 | x \$100 \$200 | 0.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0.00 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

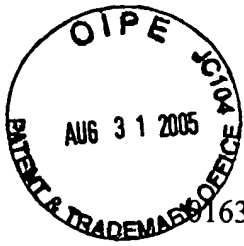
- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Nicholas N. Kallas
Attorney for Applicants
Registration No.: 31,530

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91639.000014.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------------|---|-------------------------------------|
| In re Application of: |) | |
| | : | Examiner: Susan B. McCormick-Ewoldt |
| ANDERSON, MARK L. ET AL |) | |
| | : | Group Art Unit: 1654 |
| Application No.: 10/726,299 |) | |
| | : | |
| Filed: December 1, 2003 |) | |
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| For: INHIBITION OF P. ACNES USING |) | |
| BOTANICAL EXTRACTS | : | August 31, 2005 |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action dated July 22, 2005, Applicant requests reconsideration in view of the remarks and amendments below. Please amend claims as follows: